DO NOT WRITE IN THIS SPACE

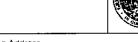
## **2008 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P96000058572 1. Entity Name ADDISON TECHNOLOGY, INC.

**FILED** Apr 04, 2008 08:00 Al Secretary of State

Principal Place of Business

3600 NW 43RD AVE SUITE D-3

GAINESVILLE, FL 32606



Mailing Address

% ANTHONY J. SALMAN P.O. DRAWER 2759 GAINESVILLE, FL 32602

US



03312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3403442 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALZMAN, ANTHONY J 500 E UNIVERSITY AVE, SUITE A GAINESVILLE, FL 32602-2759

SIGNATURE:

## DO NOT WRITE

				IN I	INIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and a	ccept	
SIGNATURE Signature, typed or printed name of registored syrint and title if applicable (NOTE Registered in the printed of the				gent signature required when reinstalling) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution	· -	\$5.00 May Be Added to Fees	U00000880704 04/15/08-80073-005 150.	90	
10.	OFFICERS AND DIREC	TORS				•	
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RANDALL S 7423 NW 18TH AVE GAINESVILLE, FL 32605						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOHN HENRY 7423 NW 18TH AVENUE GAINESVILLE, FL 32605						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of the core	certify that the information supplied with this file on this report or supplemental report is true a	ling does not qualify for the early accurate and that my sign	xemptions co ature shall ha	intained in Chapter 119 ive the same legal effective 607. Florida Statute	9. Florida Statutes I further certify that the informatic as if made under oath; that I am an officer or direct as if made under oath; that I am an officer or direct and that my name appears in Block 10 or Block	ation ector k 11 if	